

Foster Family Home - Corrective Action Report

Provider ID: 1-190077

Home Name: Rochelle T. Domingo, CNA

Review ID: 1-190077-3

94-436 Opeha Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/2/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 11/2/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN/Fingerprinting expired on 3/19/2020 and no renewal seen in home binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence of having done a Confidentiality training with HHM#1, HHM#3, and HHM#8.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(f)(1)- Tuberculosis Clearance expired on 2/2/2020 for HHM#3 and no renewal seen in home binder.

41.(h)- HHM#1 and HHM#8 had documented CMA RN delegations for basic skills, administrations of oral medications, [REDACTED] checks, and [REDACTED] Both have not been approved by CTA

41.(i)- Primary Caregiver Form was not updated to reflect a HHM that moved to the CCFFH on 3/26/2020.

Foster Family Home - Corrective Action Report

Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly Fire Drill conducted for the past 12 months. Home's smoke alarms(there were 3) were not functioning when tested during home inspection.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Emergency exit door's pathway near the garage was obstructed with multiple big auto tires, bags of cans/bottles, etc.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(b) Adverse events shall be reported

Comment:

50.(a)- No documentation that CG#2 had been trained in the Emergency Preparedness Plan.
50.(b)- 2 inhalers of Client #1 had not been administered since 9/8/2020 till present and the other on 9/17/2020 till present. No Adverse events reported for these 2 missed doses medications.

Foster Family Home

Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

51.(a)(1)- there were 2 people listed in the general liability insurance policy who currently are not approved CTA substitute caregivers.

Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No completed Admission Policy and Agreement on Client #1 and Client #2 upon admission to CCFFH.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- Comment:

54.(a)(1)- Emergency evacuation map does not reflect other emergency exit door located on the side of the home's garage.

54.(c)(2)- No Service Plan seen in Client #1's chart.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- No Medication Administration Record(MAR) for the month of October 2020. For September's MAR- last signed on 9/25/2020. One [redacted] medication was not available and is ordered [redacted] which was last given on 9/8/2020. Another [redacted] was not administered since 9/17/2020. There were 11 medications that were not available which was listed on the MAR.

Client #2- No Medication Administration Record(MAR) for the month of October 2020. MAR was last signed on 9/26/2020. One medication label does not match the MAR and last documented doctor's order.

54.(c)(6)- Daily Care Flowsheet for Client #1 was last signed on 9/27/2020. For Client #2, last signed on 9/25/2020.

Client #1's Progress note was not signed after each dated entries.

Client #2's Progress notes were written in blue ink from 3/21/2020 thru 4/7/2020.

No RN Visit/Telehealth summary seen in client's chart for the months of May 2020, June 2020, July 2020, August 2020, and September 2020 for Client #2.

For Client #1- no telehealth RN summary seen in client's chart for the months of August 2020 and September 2020.

Shavikel Nakauri, M
Compliance Manager

ptkwy
Primary Care Giver

10/2/2020
Date

10/2/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ROCHELLE DOMINGO

CCFFH Address: 94-436 OPEHA ST., WAIPAHU, HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
11- 800-8 (a)(1), (2)	CG#2's APS/CAN/Fingerprinting was placed on home binder.	10/28/2020	To prevent this deficiency from happening again the Primary Caregiver will review the home binder every binder every 3 months to make sure that no needed documents will be expired.
11-800-16 (b)(5)	Confidentiality training for HHM#1, HHM#2 & HHM#3 was done, and confidentiality form was filled out and filed in home binder.	10/3/2020	To prevent this deficiency from happening again primary caregiver make sure all substitute caregiver and HHM have undergone confidentiality training, forms filled out and filed in home binder.
11-800-41 (f)(1)	TB clearance for HHM#3 was renewed and result was negative. TB clearance was filed in the home binder.	10/8/2020	To prevent this deficiency from happening again the primary caregiver will review the home binder every 3 months to make sure that no needed documents will be expired

Primary Caregiver's Signature: 

Print Name: Rochelle T-Domingo

Date: 10/29/20

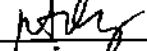
X CTA has reviewed all submitted documents

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CCFFH Address: 94-436 OPEHA ST., WAIPAHU, HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(h)	1&2 bed CCFFH Substitute caregiver form for HHM#1 & HHM#8 was filled out and was faxed to CTA office along with their certificate and license.	10/2/2020	To prevent this deficiency from happening the Primary caregiver will make sure that all substitute caregiver shall be CTA approve before listing them in clients' chart.
(i)	HHM#9's name was added to home chart and all credentials were also added to the chart.	10/2/2020	To prevent this from happening again the primary caregiver will make sure that all adult that will be staying at the CCFFH will be added in the home chart as HHM, all credentials will be completed before being added and allowed to stay at the CCFFH.
11-800-46 (a)	Fire drill was conducted 10/4/2020 Home smoke alarm battery was change and are now functioning well	10/4/2020	To prevent this deficiency from happening again primary caregiver will make sure the Fire Drill is conducted every month. Smoke alarms are check every month and batteries are change every year or as needed. A monthly Fire Drill Log will be made to reflect the date, time, and name of participants of the fire drill.

Primary Caregiver's Signature: 
Print Name: Rochelle T. Domingo

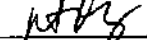
Date: 10/29/20

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
11-800-49 (a) (4)	Pathway leading to emergency exit door was cleared of obstruction.	10/3/2020	To prevent this deficiency from happening again the primary caregiver will make sure that all pathway emergency exit door is free of obstructions all the time.
11-800-50 (a)	Documentation of CG#2 Training in Emergency Preparedness Plan was placed in the home binder.	10/3/2020	To prevent this deficiency from happening again the primary caregiver will make sure to review the home binder every 3 months.
(b)	Adverse Event Report was made for the missed dose medications. The [REDACTED] of Client#1 were administered in timely manner as prescribed.	10/3/2020	To prevent this deficiency from happening again the primary caregiver will make sure to mark the Client's refusal on the medication list.

Primary Caregiver's Signature: 

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
11-800-51 (a) (1)	Insurance Company was contacted and asked to remove the 2 people listed in the general liability insurance policy.	10/18/2020	To prevent this deficiency from happening again the primary caregiver will make sure to have the CTA approval for the substitute caregiver before adding to the general liability insurance policy.
11-800-53 (a)	Admission Policy and Agreement Form was established and signed by Client#1 and Client#2 with their full understanding. Copies are provided to Client#1 and Client#2.	10/2/2020	To prevent this deficiency from happening the primary caregiver will make sure to review the home binder and complete all documents needed and make sure that clients understand the agreement and policy.
11-800-54 (a) (1)	Emergency Evacuation Map was made and posted on the wall located on the side of the home's garage.	10/3/2020	To prevent this deficiency from happening primary caregiver make sure that HHM were oriented and make aware of the Emergency Evacuation Map is in the side of the home's garage.

Primary Caregiver's Signature: _____

Print Name: Rochelle T. Domingo

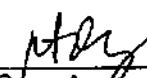
Date: 10/29/20

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CCFFH Address: 94-436 OPEHA ST., WAIPAHU, HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(c) (2)	Service Plan of Client#1 was placed in the home binder	10/5/2020	To prevent this deficiency from happening again the primary caregiver will make sure to review the home binder every 3 months.
11-800-54			
(c) (5)	Client#1-October MAR was placed in the chart	10/2/2020	The Primary caregiver make sure that the medication administration record is signed.
	Refilled PRN medications that the HCP ordered to continue.	10/28/2020	The Primary caregiver make sure that PRN medications are refill once finish.
	Client#2- October MAR was placed in the chart	10/2/2020	The Primary caregiver make sure that the medication administration record is sign every night.
	Medication administration Record was updated and all matched with the medication label and doctor's order	10/3/2020	The primary caregiver makes sure that the MAR is updated whenever there is changes in doctor's orders.
(c) (6)	Daily Care Flow Sheet for Client#1 & Client#2 was signed up to date on the chart.	10/2/2020	To prevent this deficiency from happening again the primary caregiver will make sure that the daily flowsheet is countersigned every night accordingly.

Primary Caregiver's Signature: 

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(c) (6)	Progress notes for Client#1 was signed by Primary Caregiver and up to date.	10/2/2020	To prevent this deficiency from happening again the primary caregiver will make sure that the progress notes is written in black ink and is countersigned every night accordingly.
	Progress note for Client#2 which was written in Blue ink cannot be corrected anymore.	10/2/2020	
	RN's visit summaries were placed in each Client's chart and were now completed.	10/5/2020	To prevent this deficiency from happening again the PCG will make sure to coordinate with visiting RNs. To ensure that the monthly visit notes are sent to the CCFFH from filling

Primary Caregiver's Signature: 

Print Name: Rochelle T. Domingo

Date: 10/29/20